

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Redwave Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2015	
Mailing Address 4019 Ingersoll Ave		Amount 19237.48	
City Des Moines	State IA	Zip Code 50312	Transaction ID : 001
Purpose of Expenditure postage		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3863122.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Redwave Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2015	
Mailing Address 4019 Ingersoll Ave		Amount 20204.60	
City Des Moines	State IA	Zip Code 50312	Transaction ID : 002
Purpose of Expenditure printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2015
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 3883326.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39442.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Redwave Communications LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2015	
Mailing Address 4019 Ingersoll Ave			Amount 30733.60	
City Des Moines	State IA	Zip Code 50312	Transaction ID : 003	
Purpose of Expenditure printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		8557563.68	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30733.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	70175.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2015

Signature